



FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 526332 (2) 1. Corporation Name COMPANION HEALTH SERVICES, INC.			
Principal Place of Business 4700 SHERIDAN ST. BLDG. J HOLLYWOOD FL 33021		Mailing Address 2436 HOLLYWOOD BLVD HOLLYWOOD FL 33020-6806 4700 SHERIDAN ST BLDG J HOLLYWOOD FL 33021	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	02/22/1977	04/16/1996
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-1722555	Not Applicable
24 Country	30 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		<input type="checkbox"/>	
		6. Election Campaign Financing	\$5.00 May Be Added to Fees
		Trust Fund Contribution	<input type="checkbox"/>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NATELSON, SHERYL 4700 SHERIDAN ST. BLDG. J HOLLYWOOD FL 33021		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.			
SIGNATURE			
(NOTE: Registered Agent signature required when reinstating)			
DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, CHARLES M.	1.2 NAME	
STREET ADDRESS	2436 HOLLYWOOD BLVD 4700 SHERIDAN ST BLDG J	1.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL 33021	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANSOURIAN, FRIEDLINDE	2.2 NAME	
STREET ADDRESS	2436 HOLLYWOOD BLVD 4700 SHERIDAN ST BLDG J	2.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL 33021	2.4 CITY - ST - ZIP	
TITLE	VDP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATELSON, ROBERTA	3.2 NAME	
STREET ADDRESS	2436 HOLLYWOOD BLVD 4700 SHERIDAN ST BLDG J	3.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL 33021	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: 		3-28-97 954 942-0070 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)